

SCOLIOSIS SCREENING

1. Summary of Chapter 1347/80

Education Code § 49452.5, as added by Chapter 1347, Statutes of 1980, requires all school districts in California to examine all seventh grade girls and eighth grade boys for the physical condition known as scoliosis, unless the parent or guardian refuses to consent to such a screening. If the student is suspected of having scoliosis, the parent or guardian must be notified. The student and parent or guardian are referred to appropriate community resources for information on available treatment.

On July 2, 1980, the Commission on State Mandates determined that Chapter 1347, Statutes of 1980, resulted in state mandated costs which are reimbursable pursuant to Part 7 (commencing with Government Code § 17500) of Division 4 of Title 2.

2. Eligible Claimants

Any school district (K-12) or county office of education that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

3. Appropriations

These claiming instructions are issued following the adoption of the program's parameters and guidelines by the Commission on State Mandates. To determine if this program is funded in subsequent fiscal years, refer to the schedule "Appropriation for State Mandated Cost Programs" in the *"Annual Claiming Instructions for State Mandated Costs"* issued in September of each year to county superintendents of schools and superintendents of schools.

4. Type of Claims

A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

B. Minimum Claim

Government Code § 17564(a), provides that no claim shall be filed pursuant to Government Code § 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as fiscal agent for the school district, may submit a combined claim in excess of \$200 on behalf of one or more districts within the county even if the individual district's claim does not exceed \$200. A combined claim must show the individual costs for each district. Once a combined claim is filed, all subsequent years relating to the same mandate must be filed in a combined form. The county receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing a written notice to the county superintendent of schools and the State Controller's Office of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim.

5. Filing Deadline

A. Initial Claims or Amended Claims

Initial or amended claims must be filed within 120 days from the issuance of the claiming instructions. Accordingly:

Reimbursement claims detailing the actual costs incurred for the 1997-98 fiscal year must be filed with the State Controller's Office and postmarked by February 12, 1999. If the reimbursement claim is filed after the deadline of February 12, 1999, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

Estimated claims for costs to be incurred during the 1998-99 fiscal year must be filed with the State Controller's Office and postmarked by February 12, 1999. Timely filed estimated claims

are paid before late claims. If a payment is received for the estimated claim, a 1998-99 reimbursement claim must be filed by January 15, 2000.

B. Annually Thereafter

Refer to the item, "Reimbursable State Mandated Cost Programs", contained in the annual cover letter for mandated cost programs issued annually in September, which identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19__/_Reimbursement Claim", and/or "19__/_Estimated Claim", claims may be filed as follows:

- (1) An estimated claim must be filed with the State Controller's Office and postmarked by January 15 of the fiscal year in which costs are to be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the district fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims, refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which costs were incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

6. Reimbursable Methods

A school district or county office of education may choose one of two reimbursement methods: The unit cost rate method established by the Commission On State Mandates, or the reimbursement of actual costs.

A. Unit Cost Method

In lieu of actual costs, an all inclusive cost rate of \$5.46 (for 1997/98 f.y.) may be used to claim the cost of each student screened. This unit rate covers all costs, direct and indirect, incurred in compliance with Chapter 1347, Statutes of 1980, for activities included but not limited to, parent notification, screening, rescreening, referral and follow up, record keeping and administration of the program. This unit cost will be adjusted annually using the Annual Implicit Price Deflator, as provided by Government Code § 17523. Refer to form SS-1 showing the current unit cost rate that should be used for the fiscal year of costs.

B. Actual Cost Method

Actual costs of administering the scoliosis screening of students in compliance with Chapter 1347, Statutes of 1980, may be claimed. The following are reimbursable components related to the screening of students:

- (1) Parental Notification

Parents or guardian of students are notified of the school's intent to screen students for the condition known as scoliosis.

- (2) Examination of Students

Examination of female students in grade seven and male students in grade eight for the condition known as scoliosis. Activities include the examination of the student and recording the screening results onto data forms.

- (3) Rescreening and Referrals

- (a) Rescreening: Students suspected of having scoliosis at the original screening are rescreened at a separate session by someone other than the original screener.

Activities include the examination of the student and recording the screening results onto data forms.

(b) Referrals: Notifying parents or guardian of students who are suspected of having scoliosis, for an immediate counseling and referral of students to medical care.

(c) Referral Follow Up: Follow up on student referrals to verify that medical care was sought.

(4) Administration of the Program

(a) Planning and Implementation: planning, implementation and administering the scoliosis program.

(b) Training: Provide training to scoliosis screeners.

(c) Recordkeeping: Recording of screening results in students health records.

7. Reimbursement Limitations

Showing of scoliosis films to students is considered part of their educational experience. Therefore, related costs are not reimbursable.

Any offsetting savings or reimbursement the claimant received from any source including but not limited to, service fees collected, federal funds, and other state funds as a result of this mandate, shall be identified and deducted so only net local costs are claimed.

8. Claiming Forms and Instructions

A. Form SS-2, Component/Activity Cost Detail

This form shall be completed if the Actual Costs Method, Item 6.B. is utilized to claim costs incurred. Details of direct costs are to be segregated and reported under claim components of: Parental notifications, examination of students, rescreening and referrals, and administration of the program. A separate form SS-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed and specify the actual time devoted to each function by each employee, productive hourly rate, and related fringe benefits.

Reimbursement of personal services include compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance, and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities, which the employee performs.

Source documents may include, but are not limited to, time logs evidencing actual costs claimed under Reimbursable Activities, time sheets, payroll records, canceled payroll warrants, organization charts, duty statements, pay rate schedules, and other documents evidencing the expenditure.

(2) Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents may include, but are not limited to, general and subsidiary ledgers, invoices, purchase orders, receipts, canceled warrants, inventory records, and other documents evidencing the expenditure.

(3) Contract Services

Provide the name(s) of the contractor(s) who performed the services, including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were rendered and itemize all costs for those services. Attach consultant invoices with the claim.

Source documents may include, but are not limited to, general and subsidiary ledgers, contracts, invoices, canceled warrants, and other documents evidencing the validity of the expenditure.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

B. Form SS-1, Claim Summary

This form is used either to compute reimbursement using the Unit Cost Method or to summarize direct costs by claim component and compute allowable indirect costs using the Actual Cost Method. If the Unit Cost Method is used, documentation should be retained for the number of students screened. If the Actual Cost Method is used, the direct cost summarized on this form are derived from form SS-2. The total costs on this form are carried forward to form FAM-27. Claim statistics shall identify the work performed for costs claimed. The claimant must give: (1) The number of students screened, (2) the number of students rescreened, (3) the number of students referred to medical care.

School districts and local offices of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. The cost data on this form are carried forward to form FAM-27.

C. Form FAM-27, Claim for Payment

Form Fam-27 contains a certification that must be signed by an authorized representative of the district. All applicable information from form SS-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

D. Cost Accounting Statistics

Claimants must send a copy of form SS-1 for each of the initial years' reimbursement claims by mail or facsimile to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, CA 95814, Facsimile: (916) 445-0278. Providing this information is not a condition of payment; however, claimants are encouraged to provide this information to enable the Commission to develop a statewide cost estimate and recommend an appropriation to the Legislature.

E. Direct Costs

Direct costs are defined as costs that can be traced specifically to goods, services, units, programs, activities, or functions.

F. Indirect Costs

Indirect costs are defined as costs that are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

| CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 SCOLIOSIS SCREENING | | | For State Controller Use Only | | Program 058 |
|--|---|---|--------------------------------|--|---------------------------|
| (01) Claimant Identification Number | | | (19) Program Number 00058 | | |
| (02) Claimant Name | | | (20) Date Filed ____/____/____ | | |
| County of Location | | | (21) LRS Input ____/____/____ | | |
| Street Address or P.O. Box Suite | | | (22) SS-1, (03)(a) | | |
| City State Zip Code | | | (23) SS-1, (03)(b) | | |
| | | | (24) SS-1, (03)(c) | | |
| | | | (25) SS-1, (04) | | |
| Type of Claim | (03) Estimated <input type="checkbox"/> | (09) Reimbursement <input type="checkbox"/> | (26) SS-1, (05)(1)(d) | | |
| | (04) Combined <input type="checkbox"/> | (10) Combined <input type="checkbox"/> | (27) SS-1, (05)(2)(d) | | |
| | (05) Amended <input type="checkbox"/> | (11) Amended <input type="checkbox"/> | (28) SS-1, (05)(3)(d) | | |
| | | | (29) SS-1, (07) | | |
| Fiscal Year of Cost | (06) 20____/20____ | (12) 20____/20____ | (30) SS-1, (08) | | |
| Total Claimed Amount | (07) | (13) | (31) SS-1, (10) | | |
| Less: 10% Late Penalty, not to exceed \$1,000 | | (14) | (32) SS-1, (11) | | |
| Less: Prior Claim Payment Received | | (15) | (33) | | |
| Net Claimed Amount | | (16) | (34) | | |
| Due from State | (08) | (17) | (35) | | |
| Due to State | | (18) | (36) | | |
| (37) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>Signature of Authorized Officer</p> <p>_____</p> <p>Type or Print Name</p> </div> <div style="width: 35%;"> <p>Date</p> <p>_____</p> <p>Title</p> </div> </div> | | | | | |
| <p>(38) Name of Contact Person for Claim _____ Telephone Number () - Ext. _____</p> <p>E-Mail Address _____</p> | | | | | |

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|------------------------------|--|------------------------------|
| Program 058 | SCOLIOSIS SCREENING Certification Claim Form Instructions | FORM FAM-27 |
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form SS-1 and enter the amount from line (12).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form SS-1, line (12). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$1,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., SS-1, (03)(a), means the information is located on form SS-1, block (03), line (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816**

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|--|---|---|----------------------|-------|
| Program <div style="background-color: yellow; padding: 5px; font-size: 24pt; font-weight: bold;">058</div> | MANDATED COSTS SCOLIOSIS SCREENING CLAIM SUMMARY | FORM <div style="font-size: 36pt; font-weight: bold;">1</div> | | |
| (01) Claimant | (02) Type of Claim Fiscal Year Reimbursement <input style="width: 40px;" type="text"/> Estimated <input style="width: 40px;" type="text"/> 20__/20__ | | | |
| Claim Statistics | | | | |
| (03) (a) Number of students screened | | | | |
| (b) Number of students rescreened | | | | |
| (c) Number of students referred to medical care | | | | |
| Unit Cost Method | | | | |
| (04) Total Costs | [Line (03)(a) x \$7.66 per student for 2006-07 F.Y.] | | | |
| Actual Cost Method | | | | |
| Direct Costs | Object Accounts | | | |
| (05) Reimbursable Components | (a) | (b) | (c) | (d) |
| | Salaries and Benefits | Materials and Supplies | Contract Services | Total |
| 1. Parental Notification | | | | |
| 2. Examination of Students | | | | |
| 3. Rescreening and Referral | | | | |
| 4. Administration of Program | | | | |
| (06) Total Direct Costs | | | | |
| Indirect Costs | | | | |
| (07) Indirect Cost Rate | [From J-380 or J-580] | | | % |
| (08) Total Indirect Costs | [Line (06)(a) x line (07)] | | | |
| (09) Total Direct and Indirect Costs | [Line (06)(d) + line (08)] | | | |
| Cost Reduction | | | | |
| (10) Less: Offsetting Savings | | | | |
| (11) Less: Other Reimbursements | | | | |
| (12) Total Claimed Amount | [Line (04) or line (09) – {line (10) + line (11)}] | | | |

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| Program 058 | SCOLIOSIS SCREENING CLAIM SUMMARY Instructions | FORM 1 |
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- From 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Number of students screened. Enter the number of students, seventh grade females and eighth grade males.
- (b) Number of students rescreened. Enter the number of students who are questionable after the first screening and are screened again at a later date by someone other than the original screener. Only claimants who select the Actual Cost Method of reimbursement must provide data on the number of students rescreened.
- (c) Number of students referred to medical care. Enter the number of students who have positive indication of scoliosis and are referred to medical care. Only the claimants who select the Actual Cost Method of reimbursement must provide data on the number of students referred to medical care.
- (04) Total Costs. If you are using the Unit Cost Method, multiply line (03)(a) by the rate of the reimbursable unit cost per student for the 2006-07 fiscal year. Do not complete line (05) through (09). Proceed directly to line (10) and complete through line (12).
- (05) Reimbursable Components. If you are using the Actual Cost Method, enter the cost related to each reimbursable component from form 2, line (05), columns (d), (e), and (f). Total each row.
- Do not complete line (04) if you are using the Actual Cost Method of reimbursement.
- (06) Total Direct Costs. Total block (05), columns (a), (b), (c), and (d).
- (07) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of claim.
- (08) Indirect Costs. Enter the result of multiplying Total Direct Costs, line (06)(a), by the Indirect Cost Rate, line (07).
- (09) Total Costs. Enter the sum of line (06)(d) and line (08).
- (10) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds, etc.), which reimbursed any portion of the mandated cost program. Submit a detailed schedule of the reimbursement sources and amounts.
- (12) Total Claimed Amount. If the Unit Cost Method is used, subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11), from Total Costs, line (04). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

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| Program 058 | <p align="center">MANDATED COSTS</p> <p align="center">SCOLIOSIS SCREENING</p> <p align="center">COMPONENT/ACTIVITY COST DETAIL</p> | <p align="center">FORM</p> <p align="center">2</p> |
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| | |
|---------------|--------------------------------------|
| (01) Claimant | (02) Fiscal Year Costs Were Incurred |
|---------------|--------------------------------------|

(03) Reimbursable Component: Check only **one** box per form to identify the component being claimed.

| | |
|--|--|
| <input type="checkbox"/> Parental Notification | <input type="checkbox"/> Rescreening and Referral |
| <input type="checkbox"/> Examination of Students | <input type="checkbox"/> Administration of Program |

| | |
|---|------------------------|
| (04) Description of Expenses: Complete columns (a) through (f). | Object Accounts |
|---|------------------------|

| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries and Benefits | (e) Materials and supplies | (f) Contract Services |
|--|--|--|------------------------------------|-------------------------------------|-----------------------------|
|--|--|--|------------------------------------|-------------------------------------|-----------------------------|

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|------------|----------------------|----------|----------------------|--------------------|--|--|--|
| (05) Total | <input type="text"/> | Subtotal | <input type="text"/> | Page: ____ of ____ | | | |
|------------|----------------------|----------|----------------------|--------------------|--|--|--|

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|-----------------------|--|-------------------------|
| Program 058 | SCOLIOSIS SCREENING COMPONENT/ACTIVITY COST DETAIL Instructions | FORM 2 |
|-----------------------|--|-------------------------|

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year in which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form SS-2 shall be prepared for each component which applies.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time of the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

| Object/ Subobject Accounts | Columns | | | | | | Submit these supporting documents with the claim |
|----------------------------------|--|-----------------|---|--|--|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | |
| Salaries | Employee Name | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | |
| Benefits | Title Activities | Benefit Rate | | Benefits = Benefit Rate x Salaries | | | |
| Materials and Supplies | Description of Supplies Used | Unit Cost | Quantity Used | | Cost = Unit Cost x Quantity Used | | |
| Contract Services | Name of Contractor Specific Tasks Performed | Hourly Rate | Hours Worked Inclusive Dates of Service | | | Cost = Hourly Rate x Hours Worked Or Total Contract | Copy of Contract and Invoices |

- (05) Total line (04), columns (d), (e), and (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed for the component/activity, number each page. Enter totals from line (05), columns (d), (e), and (f) to form CTR-1, block (04), columns (a), (b), and (c).